

FEDERAL AND CITIZEN ACTION FOR MENTAL HEALTH

BY

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It is a personal pleasure for me to be here with you this afternoon. Having had as one of my concerns the health needs of our people, I am very much aware of the vital role of volunteer health organizations such as the National Association for Mental Health.

We who are in Congress as representatives of the people must hear from the people, and I assure you that we do. We hear from the people on a private basis and we hear from the people through organizations they have formed--such as yours--to raise a strong, unified voice to problems they feel are deserving of national attention.

I have been in Washington for more than 25 years now, and I have seen that clear, united citizen action surrounding any problem does impress the councils of the capital city. In our democratic way of life--despite the doubtings of the more cynical--there is no force greater than the concerted and collective voice of our citizens.

As Chairman of the House Subcommittee dealing with health matters, it has been my experience that the appearance of witnesses at Congressional hearings is an important step toward the adoption of progressive health measures.

A good deal of any legislator's time is and must be devoted to getting at the facts of a situation. He must know and understand very thoroughly any problem he is called to act upon, and problems of health are no exception.

Representing as it does citizens and professionals very closely attuned to mental health needs in our States and communities, the National Association for Mental Health has become a highly valuable and most sensitive listening post. It is a listening post for those in legislative positions at all levels of government who must deal with the public health problem of mental illness.

But there is an important step beyond informing appropriate committees of national health needs. That is, the hard work of follow-up. Citizens who can follow through by getting the facts to their own Congressman, and to their State legislators, perform a vital service, both to the cause they espouse, and to the governing bodies who require elucidation.

One illustration of highly effective action by this Association was the work done to bring before the Congress the need for Federal funds to aid in staffing the centers in their early years. Following a timely Leadership Conference held in Washington by the National Association for Mental Health, many members of the Association apparently were in direct touch with their Congressmen. The result was that visibility was given to the need, and information helpful to their considerations was available.

Fortunately, every State in the Nation now has or is in the process of obtaining a record of facts about its mental health needs and capacities for care and treatment. With Federal aid, as part of the national mental health program, thousands upon thousands of volunteers and professional people have participated in frank review and mental health planning as a step upward and away from neglect and blighted conditions. These State plans will be a rich resource on which to draw for vital guidelines to citizen action for many years to come.

There is, indeed, so much to grasp and to act upon in this great work ahead of us, I hope that I may be pardoned

for mixing a little business with the pleasure of being here. While I am more often in the position of absorbing facts about the health of our Nation, I should like to reverse that role for a moment, to convey to you some facts of interest in the current stage of our Nation's mental health drive.

The first fact is one I have already suggested--the high importance of citizen action as regards prevailing needs. I cannot stress too strongly the basic responsiveness of governing bodies--no matter where they are--to popular causes.

The second fact is that no Federal health measure--and this includes the vital provision of several key mental health bills--can ever be the final fruit of our considerations. The Federal Government can only seed developments. It cannot of itself produce the harvest. This is true in every aspect of our national life, and it pertains sharply to the advancement of health in America.

With Federal impetus, we can and have increased our health research activities and knowledge. With Federal impetus, we can and have greatly increased the Nation's supply of health professionals. With Federal impetus, we can and have

augmented facilities for treatment and practice of preventive measures. Our goal, after all, is not only to improve treatment of mentally ill patients, but also to prevent the stains of disorder that can spread over man's mind and his emotions.

The key word here is "impetus." It does not mean power, it does not mean magic, or control, or supervision. It does not even mean "money," although some people may disagree with me on that. In Webster's dictionary, "impetus" means "a driving force," an "incentive." That is what it means in Congress, too.

When we vote for health measures and appropriations, we have a picture in our minds, a visualization. We visualize that the States and communities across the country will, with this incentive, go on to accomplish the goal of our efforts: that they will move ahead and actually implement the services, the programs, the work that is so vitally needed.

A case in point is the Community Mental Health Centers Act of 1963. This Act provides Federal aid for constructing community mental health centers during the next few years. It provides allotments to the States for centers given priority

by the States and approved for construction or expansion of existing facilities.

But this aid can only seed a community mental health movement that has been long overdue in this country. The entire appropriation over the years for this purpose is limited to \$150 million, and while this is a valuable incentive, it can be only that. The Federal funds must be matched and more than matched by support at the State level and in localities. State Community Mental Health Services Acts must be strengthened, if and where necessary. Local taxation must be reviewed and strengthened as a source of revenue for the mental health services, if and where necessary. Private sources for funds--such as voluntary health insurance plans and community chest activities--must be brought right up to the front lines in the battle against mental illness and stagnant systems of treatment.

One of the great concerns of President Johnson as our national leader has been the health of our people. While the community mental health centers movement will and must revise old ways of caring for the mentally sick, its greatest

promise is as an instrument for the positive protection and promotion of the mental health of citizens. The centers are to become part of the community's bastion against disease and disability and, as such, are integral to the new community and social action programs of a Great Society.

The present Congress has recognized fully and acted upon many measures in light of our changing, expanding, and urbanizing society. One of these is the recent Amendment to the Community Mental Health Centers Act. This new Amendment provides Federal aid for staffing the centers in their initial years. But here again, this essential aid is and must be limited. It is to be made available on a percentage basis, and only in the early years of the centers, to help them get underway.

The third fact I should like to submit is, I fear, not quite as rousing as the one concerning the importance of citizen action. Nor is it quite as heartening as is the Federal impetus toward correctives in the mental health field. It is a truth grimmer, infinitely grimmer, than any recital of our mutual responsibilities.

The truth is that we in our affluence have simply not taken adequate care of our mentally and emotionally troubled citizens. We have not taken care of our disturbed children. We have not taken care of our troubled adolescents. We have not taken care of our elderly whose mental health may be failing. We have not taken care of the problems of alcoholism, of suicide, of drug addiction.

Now, we may assert, and properly so, that some problems of society and of the human being are and always have been universal. The shame is not that these problems are present, but that we have not exercised the use of our modern knowledge, the use of our modern prosperity, the use of our modern benefits either to reduce the incidence of these problems, or to take enlightened, humane care of them once they have had their dark influence.

It is sometimes useful to cite national statistics. Figures from the National Institute of Mental Health, for example, reveal an alarming national record on care of emotionally disturbed children and young people. Mental hospital statistics show a marked increase in the number of

young patients. From 1950 to 1960 the first admission rates in State and county mental hospitals for children under 15 rose from 10.4 per 100,000 population to 21.5. The rates for youths between 15 and 24 rose from 58.8 per 100,000 to 79.3.

But stronger still than these figures is the sight of one child, one single family, one single person who needs care and treatment and who needs it badly and cannot get it because it is not to be had in his community.

Stronger still than the number 60,000, which represents the toll of drug addiction in our cities--and, incidentally, represents also an insidious crime potential--is the sight of one drug-ridden human being whose internal problems, often both mental and physical, are so complex as almost to defy real assistance. Yet, as with other areas of human breakdown, mental health authorities have advised us again and again that while services and treatments and help cannot be the ultimate and the perfect or a cure of magic, services can and do help to reduce disability and to reverse the tragic outcome of utter negligence.

For some mental health problems, figures are available in abundance, such as the rise in admissions to mental hospitals. Other problems do not lend themselves to national computerizing. In any case, it is the individual, the family who is affected by tragedies of mental and emotional disarray who supply the strongest evidence of our need for action.

Finally, I should like to submit for your consideration a brief review of the present opportunities to respond vigorously and courageously and effectively to our country's mental health needs.

The community mental health legislation to which I have referred is an opportunity and a challenge. It can be a driving force toward revolutionizing the care, treatment and prevention of the mental illnesses in this country.

The new Social Security Amendments known as "Medicare" are an opportunity and a challenge. Under this law, persons over 65 can have within their reach the dignity of proper care in general or mental hospitals, and proper care in rehabilitative services. Benefits for the mental illnesses are provided through two plans--a basic plan and a voluntary insurance plan

which may be chosen under Medicare in addition to the basic coverage. I would urge all those who are working in the mental health field to acquaint themselves with these provisions fully.

And there are other Federal programs--such as those in the fields of education, of vocational rehabilitation, and of mental retardation which when seen as a whole can be linked together in service to our people. They can be linked where it counts most--at the community level. They can be activated in harmony with one another. They can be implemented through the work and cooperation of all groups in the community--whether volunteer or professional, whether medical or religious or educational, whether welfare, public or private.

If there is one over-riding fact I would leave with you today, it is that we have now, all of us, moved into a second stage, if you will, of our mental health developments. We have moved beyond single, unilateral considerations. To consider mental health today is to consider all of the community's opportunities and potentials. It is to work not only within one organization--vital as the work is--but to work hand-in-hand with whatever group and organization,

whatever planners, legislators, and citizens can help bring about the kind of mental health care and services we all envision for our country.

I have presumed, with a quarter-century of service in the Congress, to feel somewhat like a veteran as regards our Nation's mental health problems. But, in a sense, none of us are veterans--not even the National Association for Mental Health with its long, proud history of service to the American people. Even we are neophytes, newcomers in the growing movement to bring adequate mental health care to this Nation. We are novices in the ranks because our greatest challenges--as well as our greatest opportunities--still lie ahead: yet to be acted upon and yet to be achieved.

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